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January 22, 2016

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.
Interim Director

SUBJECT: **UPDATE ON THE ZIKA VIRUS OUTBREAK IN SOUTH AND CENTRAL AMERICA AND THE CARRIBEAN AND PLANNING EFFORTS IN LOS ANGELES COUNTY**

This memorandum is to provide an update on the Zika Virus outbreak in South and Central America and the Caribbean and to share information on activities undertaken by the Los Angeles County (LAC) Department of Public Health (DPH) in response to this emerging infectious disease.

Background

Zika virus disease is an infection caused by the Zika virus, which is transmitted to people by *Aedes* mosquitoes. A large outbreak is ongoing in Brazil and outbreaks are also occurring in other Central and South America and Caribbean countries. These countries include Barbados, Bolivia, Colombia, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Martinique, Mexico, Panama, Paraguay, Puerto Rico, Saint Martin, Suriname, and Venezuela.

Illness in most people infected with Zika virus is mild or asymptomatic. However, pregnant women infected with Zika virus may experience fetal loss or the infant may be born with a severe birth defect called microcephaly, where head size is small due to impaired brain development. In Brazil, rates of microcephaly are more than 20-fold higher than before the Zika virus outbreak, but whether Zika virus is the cause of this increase has not yet been definitively confirmed. Studies are ongoing to better understand the risks associated with Zika virus infection during pregnancy.

Among non-pregnant people infected with Zika virus, about one in five will develop symptoms, which include fever, rash, joint pain, and/or red eyes. Symptoms usually begin 3-7 days after a person is bitten by an infected mosquito and last several days to a week. The illness is usually mild and hospitalization is uncommon. There is no specific treatment and no vaccine for Zika virus disease; treatment is supportive, including rest, fluids, and the use of analgesics (i.e. pain relieving medications) and antipyretics (i.e. fever reducing medications).

On January 15, 2016, the Centers for Disease Control and Prevention (CDC) issued a Health Advisory to medical providers and public health professionals on managing and reporting Zika virus infection among travelers returning from Central and South America, the Caribbean, and

Mexico.¹ A Level 2 Travel Alert was issued for people traveling to areas of ongoing Zika virus transmission. This advisory recommended that “pregnant women should consider postponing travel to any area where Zika virus transmission is ongoing.” Pregnant women who do travel to one of these areas should talk to their healthcare providers first and strictly follow steps to avoid mosquito bites during the trip. In addition, pregnant women who traveled to an area with ongoing Zika virus transmission and have symptoms of Zika infection or whose fetus has evidence of microcephaly or brain calcification should be evaluated for Zika infection.²

Zika Virus and Los Angeles County

To date, there has been one confirmed case of Zika virus infection in an adolescent LAC resident who had traveled to El Salvador. The person became infected during travel in November 2015 and has since recovered from the infection. A specimen was obtained in early December and is now reported as positive for Zika.

Zika virus is transmitted primarily by *Aedes aegypti* and to a lesser extent, *Aedes albopictus* mosquitoes. While the *Aedes* mosquito species that may transmit Zika virus and other viruses, such as Dengue and Chikungunya, are present in some areas of the San Gabriel Valley and Eastern parts of LAC, they are not infected with the virus and no local transmission of these diseases has occurred. The *Aedes* mosquitos are aggressive day-biters and typically breed and develop in small water-filled containers, which are frequently found in urban environments. Intensive efforts by the LAC Mosquito and Vector Control Districts have reduced the spread of these mosquitos. However, eradication has not been possible as eggs may develop in small amounts of water and can withstand drying for a year or more.

DPH Response and Actions

On January 15, 2016, the CDC Health Advisory was distributed to LAC medical providers through the Los Angeles Health Alert Network. The DPH web site has been updated to include information on Zika virus with a frequently asked questions document in English and Spanish, posters for clinicians’ offices, links to the CDC and California Department of Public Health (CDPH) Advisories, and links to the CDC and CDPH web sites for medical providers.³ Additionally, Zika virus infection is being added to the list of reportable diseases and surveillance is now ongoing.

Laboratory testing guidelines for healthcare providers are being developed in collaboration with CDPH and CDC to guide LAC healthcare providers in appropriate testing and specimen collection. The LAC Public Health Laboratory will receive Zika clinical specimens, which will be tested at the CDC arboviral laboratory in Fort Collins, CO and/or the CDPH Viral and Rickettsial laboratories in Richmond, CA.

To provide the public with education and information on Zika virus, a working group including representatives from DPH’s Community Health Services, Maternal, Child, and Adolescent Health Programs, Acute Communicable Disease Control Program, Health Education, and External

¹ See CDC general information about Zika: <http://www.cdc.gov/zika/index.html> and California Department of Public Health Advisory Zika Virus in Latin America <http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPHZikaVirusHealthAdvisory.pdf>

² MMWR Early Release (January 19, 2016): Interim guidelines for pregnant women during a Zika virus outbreak — United States, 2016: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1er.htm>

³ DPH webpage on Zika: <http://publichealth.lacounty.gov/acd/VectorZika.htm>

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Communications is being convened. The group will meet on January 22, 2016 to develop plans for outreach to medical providers and populations more likely to travel to affected areas. A speakers' bureau presentation and 2-1-1 information are also being developed and will be made available.

To ensure coordination among DPH and the five mosquito and vector control districts, a meeting was held on January 20, 2016, where DPH updated the districts on Zika virus and the possible risk in LAC due to the presence of *Aedes aegypti* and *Aedes albopictus*. Collaborative planning is ongoing regarding approaches to improve prevention of all mosquito-borne diseases in LAC, including West Nile virus infection, Dengue, Chikungunya, and Zika.

If you have questions or need additional information, please let me know.

CAH:bs

c:Chief Executive Officer
County Counsel
Acting Executive Officer, Board of Supervisors